

FD 1103

TRIP # 14 095131

Request Date 05/28/2014

Current Stage Reimbursement Approved Archive

# Travel Summary for MICHAEL HOWARD

## Traveler Information

Who is traveling? Bureau Employee

Division/ Field Office: NEW YORK CITY

Last Name: HOWARD

Cost Code: 3540

First Name: MICHAEL

Squad/RA Code: 3613

Middle Name:

Please provide a short explanation for travel requested. Operational travel to interview investigative subjects

Is the traveler the head of an FO (ADIC or SAC)? No

Is the travel request within the traveler's area of responsibility? N/A

## Itinerary

Official Travel Start Date: 05/29/2014

Official Travel End Date: 05/30/2014

Travel Type: Round Trip

Depart Date	Depart City	Depart State	Depart Country	Arrival Date	Dest. City	Dest. State	Dest. Country
05/29/2014	[REDACTED]	[REDACTED]	UNITED STATES	05/29/2014	DUBLIN	OH	UNITED STATES
05/30/2014	DUBLIN	OH	UNITED STATES	05/30/2014	[REDACTED]	[REDACTED]	UNITED STATES

- Traveler will be conducting personal travel outside of their official travel dates (i.e - personal travel prior to the start or end of the official travel date, regardless of location)
- Traveler will be conducting personal travel to an alternate location in addition to business travel locations (indirect travel).
- Travel is within 50 miles of the traveler's residence or permanent duty station
- Travel is part of a 60 day TDY

GETA #: :

## Funding and Expenses

Total Estimated Expenses: [REDACTED]

Funding Division: NEW YORK CITY

Total Actual Expenses: [REDACTED]

Program: YF

Total Reimbursement Amount: [REDACTED]

Subprogram: L4

Case ID #: 318DNY306659

TR Type: TR11: Division Operational Travel

Type	GSA Location	Expense Start Date	Expense End Date	Estimated Cost	Actual Cost	Receipt Required	Paid By GTA	Reimbursement Amount	Advance of Funds	Miles
Airfare		05/29/2014	05/30/2014	[REDACTED]	[REDACTED]	Yes	No	[REDACTED]	No	0
Lodging	UNITED STATES, OH COLUMBUS	05/29/2014	05/30/2014	[REDACTED]	[REDACTED]	Yes	No	[REDACTED]	No	0
Lodging Taxes		05/29/2014	05/30/2014	[REDACTED]	[REDACTED]	No	No	[REDACTED]	No	0

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Type	GSA Location	Expense Start Date	Expense End Date	Estimated Cost	Actual Cost	Receipt Required	Paid By GTA	Reimbursement Amount	Advance of Funds	Miles
M and IE	UNITED STATES, OH, COLUMBUS	05/29/2014	05/30/2014	[REDACTED]	[REDACTED]	No	No	[REDACTED]	No	0
Parking		05/29/2014	05/30/2014	[REDACTED]	[REDACTED]	No	No	[REDACTED]	No	0

**How did you book your travel?**

Phone with Carlson

Please list reason for booking over the phone: Last Minute Travel (within 72 hours)

**Supplemental Forms Required**

- Cost Comparison Form
- Foreign Air Carrier Form
- Premium Class Travel Form
- Lodging in Excess of GSA Form
- Indirect Travel Form
- 50 Mile Waiver Form

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## Approvals

Stage	Approver Name	Date/Time	Decision
Finance Office 2nd Review of Actual Expenses	[REDACTED]	06/04/2014 02:34:18	TRIP approved, no supplemental forms required.
Finance Office Review of Actual Expenses	[REDACTED]	06/04/2014 02:20:04	TRIP approved, no supplemental forms required.
Supervisor Approval of Actual Expenses	LEFF, DOUGLAS (NY) (FBI)	06/04/2014 11:10:52	TRIP approved, no supplemental forms required.
Supervisor Approval of Actual Expenses	CHAVES, DAVID A. (NY) (FBI)	06/04/2014 09 16 31	TRIP approved, no supplemental forms required.
Finance Office Review of Request	[REDACTED]	05/29/2014 10:59:53	TRIP approved, no supplemental forms required.
Supervisor Review of Travel Request	LEFF, DOUGLAS (NY) (FBI)	05/29/2014 09.24:09	TRIP approved, no supplemental forms required
Supervisor Review of Travel Request	CHAVES, DAVID A. (NY) (FBI)	05/29/2014 09:22:44	TRIP approved, no supplemental forms required.